AUG 0 4 2010

## Application for License to Operate a Long-term Care Facility

For Office Use Only Received 8: 4:10
Amount #1095.

LH - 125,277

IDENTIFICAT	ION					
Name	Muhlenberg Community Hosp	ital Long	Term Care Unit			
Address	440 Hopkinsville Street	<u> </u>				
City/County/Zi	p Greenville/Muhlenberg/4234	45				
Telephone nu	mber (270) 338-8431	b.jagger	gers@mchky.org			
Administrator	Becky A. Jaggers, NHA					
Date facility of	peration began at current address	1962				
Date facility be	egan operation under current owner	1962				
TYPE BEDS	No. beds licensed		No. beds requested			
Skilled	and the second s					
Nursing Home	45		<del>-45</del>			
Nursing Facili	ty <u>45</u>		45			
Intermediate (	Care	•				
ICF/MR	<u> </u>		***************************************			
Personal Care						
CONTROL	CONTROL (check one in each column)					
State County City	Profit Nonprofit	•	Individual Partnership Corporation 501(c			
OWNERSHIP	•					
partners.	dress of individual owner, partners o	r corporation	. If partnership, list			

	Name of corporation	Muhlenbe	rg Community Hospital, Inc.	
	Address of corporation	440 Hopk	insville St., Greenville, KY	42345
	President or Chairman	Tammy S.	Brewer	
	Vice President	James A.	Tardio	
	Secretary	Mary W.	Brown, DMD	
	Treasurer	Charles	R. Lewis	
	each officer or director  If owned by a partnersh each partner.	on, attach a so of the corpora nip, attach a s	eparate sheet listing the names and a	ddresses of
	Parent		Management Compar	
			Alliant Management	<u>Servi</u> ces
			2650 Eastpoint Park	way, Suite 310
			Louisville, KY 402	23
to the	o Office of Inspector Gen this facility and all aspe-	eral and a ne cts of its ope ncy licensure	ation that affects my licensure status we application will be completed at the eration shall be open at all times to expersonnel. I certify that the information the best of my knowledge and	inspection and mation given in
comp	pleting this application in cation of this application	can result in	denial or revocation of licensure.	7/22/10
comp falsifi	deting this application i	can result in o	denial or revocation of licensure.  Lidministrator  Title	

If facility owned or leased by a corporation, complete the following:

OIG 5 (10/2002)

## MUHLENBERG COMMUNITY HOSPITAL BOARD OF TRUSTEES -January, 2010

